

## EXHIBIT A

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

MMB Docket No. 1671-0172

J &amp; J Reference: DEP 538

Application of: Maroney

Allowed: June 6, 2003

Serial No. 09/767,487

Group Art Unit: 3743

Filed: January 23, 2001

Examiner: K. Ferko

For: **Method and Apparatus for Resecting a Greater Tubercle from a Humerus of a Patient During Performance of a Shoulder Replacement Procedure**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 22, 2003

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Paul J. Maginot

Name of person mailing Document or Fee



Signature of person mailing Document or Fee

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**LETTER**

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Sir:

Enclosed please find a completed Issue Fee Transmittal in connection with the above-identified patent application. Our check for \$1,600.00 is enclosed to cover the cost of the issue fee (\$1,300.00) and the cost of the publication fee (\$300.00).

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Commissioner for Patents  
Issue Fee Transmittal  
August 22, 2003  
Page 2 of 2

Please charge any fee deficiency or credit any overpayment to Deposit Account  
No. 13-0014.

Respectfully submitted,

MAGINOT, MOORE & BOWMAN



Paul J. Maginot  
Attorney for Applicant  
Registration No. 34,984

August 22, 2003  
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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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Paul J. Maginot  
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Paul J. Maginot

(Depositor's name)

*Paul J. Maginot*

(Signature)

August 22, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/767,487	01/23/2001	Brian J. Maroney	1671-0772	3262

TITLE OF INVENTION: METHOD AND APPARATUS FOR RESECTING A GREATER TUBERCLE FROM A HUMERUS OF A PATIENT DURING PERFORMANCE OF A SHOULDER REPLACEMENT PROCEDURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	09/08/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
PERKO, KATHRYN P	3743	606-086000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list (1) Maginot, Moore & Bowman the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DePuy Orthopaedics, Inc.

Warsaw, IN

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

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*Paul J. Maginot* August 22, 2003

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Includes:

- Transmittal Letter
- PTOL-85B form - Part B - Issue Fee Transmittal including Certificate of Mailing
- Check for \$1,600.00

Serial No. 09/767,487

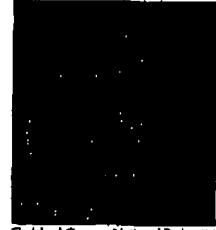
Filed: January 23, 2001

Inventor(s): Maroney

J & J Reference No. DEP 538

MMB Docket No. 1671-0172

Maginot, Moore & Bowman  
Bank One Center/Tower  
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Indianapolis, Indiana 46204-5115



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